



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/724,870 **Confirmation No.: 1625**
Applicant(s) : Randall S. HICKLE
Filed : December 2, 2003
TC/A.U. : 3735
Examiner : Navin Natnithithadha
Title : RESPIRATORY MONITORING SYSTEMS AND METHODS
Docket No. : 82021-0033
Customer No. : **24633**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT
AND AMENDMENT

Sir:

Responsive to the Office Action dated September 11, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper; and

Remarks/Arguments begin on page 7 of this paper.

JPW



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Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith for filing is an Amendment in response to the Office Action mailed September 11, 2006, in the above-identified application.

☐ Applicant petitions for an extension of time, the fees for which are set forth in 37 C.F.R. § 1.17(a), for the total number of months checked below:

<u>Total Months Requested</u>	<u>Fee for Extension</u>	<u>Fee for Small Entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two month	\$ 450.00	\$ 225.00
<input type="checkbox"/> three month	\$ 1020.00	\$ 510.00
<input type="checkbox"/> four month	\$ 1590.00	\$ 795.00
<input type="checkbox"/> five month	\$ 2160.00	\$ 1080.00

Extension of time fee due with this request: **\$ 0.00**

If an additional extension of time is required, please consider this a Petition therefore.

U.S. Application No. 10/724,870
Amendment Transmittal

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	27	MINUS	27	= 0	x 50/25 =	\$ 0.00
INDEP.	3	MINUS	3	= 0	x 100/200 =	\$ 0.00
Extension of Time for Four Months						\$ 0.00
TOTAL						\$ 0.00

☒ No additional fee is required.

☐ A check in the amount of \$ **0.00** is attached.

☐ Please charge my Deposit Account No. 50-1349 the amount of \$.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1349.

☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

HOGAN & HARTSON LLP

Dated: October 10, 2006

HOGAN & HARTSON LLP
555 Thirteenth Street, N.W.
Washington, D.C. 20004
Telephone: 202-637-5703
Facsimile: 202-637-5910
e-mail: cjcrowson@hhlaw.com
Customer No. 24633

By: Thomas W. Edman
Celine Jimenez Crowson
Registration No. 40,357

Thomas W. Edman
Registration No. 51,643